



COUNTY OF LOS ANGELES  
DEPARTMENT OF HEALTH SERVICES

MY HEALTH LA (MHLA)

CONTRACTUAL CHANGE REQUEST

Request Date:		Agreement No.	
Agency Name:			
Contact Name:		Phone#:	

ACTION REQUESTED

☐ Adding a New and/or Transferring a Clinic or Mobile Site

Requirements

1. Shall be operational.
2. Shall demonstrate valid enrollment as a current, active provider in the State of California Medi-Cal Program.
3. Must demonstrate enrollment as a current, active provider in a Medi-Cal Managed Care program by producing verification from Medi-Cal Managed Care Health Care Option or contracted Health Plan.
4. Shall possess at least one (1) National Provider Identification Number.
5. Shall have completed and passed either the Department or the Health Plan's Facility Site Review (FSR) process. If the Health Plan did not conduct the FSR, the MHLA Contract Administration Unit will notify the Audit Unit to conduct a FSR pre-site audit.
6. Shall have an appropriate, current license issued by California Department of Public Health, or meets the requirements to be exempt from licensure under California Health & Safety Code Section 1206(h). Not applicable for the Satellite Sites operating under the license of a Clinic Site.
7. Shall be registered with, or must be able to demonstrate proof of submission to, the Office of Statewide Health Planning and Development (OSHPD) as an appropriately licensed Clinic Site. Not applicable for the Satellite Sites operating under the license of a Clinic Site.
8. Shall be designated by the Centers for Medicare and Medicaid Services (CMS) as a Federally Qualified Health Center (FQHC) or a Federally Qualified Health Center Look-Alike (FQHC Look-Alike), registered with HRSA Office of Pharmacy Affairs to access the 340B drug program, and registered at least one MHLA contract 340B pharmacy to dispense 340B pharmaceuticals to Participants. An exception to this requirement is any Clinic Site that is operating in Service Planning Area (SPA) 1 (including **the communities of Acton, Agua Dulce, Gorman, Lake Hughes, Lake Los Angeles, Lancaster, Littlerock, Palmdale, Quartz Hill, and others**) which is not subject to the FQHC or FQHC Look-Alike requirement. All other qualification requirements apply to Clinic Sites in SPA 1.

- **Medical Home** is a Clinic Site selected by each Participant that Participant intends to utilize as their regular source of Primary Health Care Services. To be a Medical Home, a Clinic Site or Mobile Clinic must provide Primary Health Care Services and meet the requirements in either a, b, or c below:
  - a. Operates no fewer than 35 hours per week ("Full Time Clinic Site"), including Community Based School Health Clinics, but not including Children's School Health Clinics; or
  - b. Operates less than 35 hours per week ("Part Time Clinic Site"), or is a Children's School Health Clinic, and (1) at a site that is independently licensed by the California Department of Public Health or is a site included on the license of an independently licensed site by the California Department of Public Health, (2) has an operational electronic health records system that will allow the Staff of a Full Time Clinic Site to view in real time the medical records of Participants selecting the Part Time Clinic Site, and (3) notifies all Participants who selected the Part Time Clinic Site or Children's School Health Clinic as their Medical Home, that they may receive Included Services at an affiliated Full Time Clinic Site, whenever the Part Time Clinic Site is closed; or
  - c. Mobile Clinic that provides Primary Health Care Services either (1) in accordance with a predictable, fixed and recurring monthly schedule that may include multiple physical locations; or (2) at the same, single location such that the Mobile Clinic is the functional equivalent of a fixed location clinic during its operating hours.

**Type of Clinic Sites:**

- **Community Based School Health Clinic** is a licensed Clinic Site located on a school campus that provides Primary Health Care Services to both adults and youth, generally orients its service to the greater community, is open at least thirty-five (35) hours per week, and is open outside the school's hours.
- **Full Time Clinic Site** – is a licensed Clinic Site and operates no fewer than 35 hours per week.
- **Part Time Clinic Site** – is a licensed Clinic Site and operates less than 35 hours per week.
- **Mobile Clinic** is a mobile unit, as that term is defined at Health and Safety Code section 1765.105.
- **Satellite Site** is a permanent clinical location that is only open for services no more than 30 hours per week and is operated by a Clinic. A Satellite Site location can have either a California Community Clinic or Free Clinic license, or may simply be operated by a Clinic in association with a site holding a California Community Clinic or Free Clinic license.

<b>1- Site Name:</b>		<b>Site Type:</b> See above	
<b>Site Address:</b>		<b>Service Type:</b>	<input type="checkbox"/> Primary Services <input type="checkbox"/> Dental Services
<b>City/State:</b>		<b>ZIP Code:</b>	
<b>2 - Site Name:</b>		<b>Site Type:</b> See above	
<b>Site Address:</b>		<b>Service Type:</b>	<input type="checkbox"/> Primary Services <input type="checkbox"/> Dental Services
<b>City/State:</b>		<b>ZIP Code:</b>	

**FORMS TO BE COMPLETED**

- |  |   |
|--|---|
| <input type="checkbox"/> Complete Form No. 01 – Clinic Site Profile for each added/transferred site<br><input type="checkbox"/> Complete Form No. 02 – Capacity Profile for each added Clinic site | <input type="checkbox"/> Complete Form No. 03 - Health Professional Profile for each Clinic site <i>(Must be submitted in Excel Format)</i><br><input type="checkbox"/> Submit all verification of required documents for each added site |
|--|---|

☐ **Adding a New and/or Transferring an Administrative Enrollment Site**

**Administrative Enrollment Site** is a site that is not a Clinic Site, but is part of the Clinic's organization where the Clinic does eligibility determination and processes enrollments for health insurance (e.g. Medi-Cal., Covered California).

**Requirements**

1. Shall be operational.
2. Must be a commercial or medical space, be open year-round, with a minimum of five (5) days per week; allow walk-ins; and be fully equipped with all necessary equipment (e.g., computers/laptops with Internet access, printers, copiers, scanners, etc.).
3. Must be staffed with Certified Enrollment Counselors (CECs) and/or Certified Application Counselors (CACs).
4. Shall have a business license or rental agreement. If more than one entity is occupying shared space/co-location, the Administrative Enrollment Site entity must submit a Memorandum of Understanding.

<b>Site Name:</b>			
<b>Site Address:</b>			
<b>City/State:</b>		<b>ZIP Code:</b>	

**FORMS TO BE COMPLETED**

- |  |  |
|--|--|
| <input type="checkbox"/> Complete Form No. 01-B – Site Profile for each added/transferred site | <input type="checkbox"/> Submit all verification of required documents for each added site |
|--|--|

☐ **Delete a Site**

**Requirements for Deletion or Relocation of Existing Approved Sites:**

- 1) Contractor shall notify the Department consistent with Paragraph 8.38 (Notices) of the Agreement at least ninety (90) days prior to the temporary or permanent closure of a Clinic Site and/or Mobile Clinic and/or Administrative Enrollment Site.
- 2) Contractor shall provide at least sixty (60) days' written notice of the pending closure to all Participants who have selected the closing Clinic Site as their Medical Home and shall obtain the Department's approval of this correspondence prior to sending it to the Participants. The Department will respond within five (5) business days with an approval or denial of the correspondence; otherwise Contractor may proceed.
- 3) In such notice, Participants shall be informed that they have no less than thirty (30) days to select a new Medical Home, which may be part of the same Contractor or may be under a different contractor.
- 4) Contractor shall notify the Department of those Participants who do not select a new Medical Home, and shall notify the Department of nearby Clinic Sites who have expressed a willingness to accept those Participants.
- 5) Contractor shall provide this information to the Department at least thirty (30) days prior to the closure of the Clinic Site.
- 6) In the case of a closure due to an emergency or unforeseen circumstance (e.g., fire, flood), Contractor shall notify Mayra Palacios, Contracts Administration @ [mpalacios@dhs.lacounty.gov](mailto:mpalacios@dhs.lacounty.gov) and Participants of the closure as soon as feasibly possible, and shall make every effort to assist Participants with identifying a new Medical Home.

Site Name:		Effective Date	
Site Address:			
City/State:		ZIP Code:	

**FORM TO BE COMPLETED**

- ☐ Form No. 04 - Request to Delete Clinic Site  
☐ Submit Written Notice of Closure to Participant.

☐ **Add** ☐ **Delete - Dental Services to an Existing Approved Site**

Contractor must notify MHLA Contracts Administration of any changes in its Clinic Site.

Site Name:			
Site Address:			
City/State:		ZIP Code:	

**FORM TO BE COMPLETED**

- ☐ Form No. 01 - Clinic Site Profile  
☐ Form No. 02 - Capacity Profile  
☐ Form No. 07 - Request to Add/Delete Dental Services to an Existing Approved Site

**NOTE: All new dental services MUST pass a pre-site audit prior to providing services.**

## Existing Approved Site:

- ☐ Add Exam Rooms      ☐ Delete Exam Rooms
- ☐ Add Dental Chairs      ☐ Delete Dental Chairs

Contractor must notify MHLA Contracts Administration of any changes in its Clinic Site.

Site Name:			
Site Address:			
City/State:		ZIP Code:	

### FORM TO BE COMPLETED

- ☐ Form No. 02 - Capacity Profile
- ☐ Form No. 05 - Request to Add/Delete Exam Rooms/Dental Chairs at an Existing Approved Site

**NOTE: All new exam rooms and/or dental chairs MUST pass a pre-site audit prior to providing services.**

Change in:      ☐ Days      ☐ Operational Hours      ☐ Capacity

**Requirements for Change in Clinic Site Profile** - Contractor must inform MHLA Contracts Administration of any changes in its Clinic Site and Capacity Profiles (Primary Care, Dental, and Sub-Contractor) no less than fourteen (14) calendar days prior to the change. In the case of unforeseen circumstances that have the effect of changing the previously reported information.

Site Name:			
Site Address:			
City/State:		ZIP Code:	

### FORMS TO BE COMPLETED

- ☐ Complete Form No. 01 – Clinic Site Profile
- ☐ Complete Form No. 02 – Capacity Profile

## Ancillary Services Changes:

- ☐ Laboratory      ☐ Radiology      ☐ Pharmacy

Contractor must notify MHLA Contracts Administration of any changes in its Clinic Site.

Site Name:			
Site Address:			
City/State:		ZIP Code:	

What are the changes:

### FORMS TO BE COMPLETED

- ☐ Complete Form No. 01 – Clinic Site Profile

☐ **Change Clinic Site Legal Name**

Contractor must notify MHLA Contracts Administration of any changes in its Clinic Site.

Effective Date

From:

To:

**DOCUMENTS TO SUBMIT**

- ☐ Board minutes authorizing the name change.
- ☐ Amendment to the Articles of Incorporation indicating the name change.
- ☐ Licenses and insurance documents indicating the new name.

☐ **Change in CEO/COO**

Contractor must notify MHLA Contracts Administration of any changes in its Agency.

Previous

Title:

New

Title:

New Email:

Phone #:

**DOCUMENTS TO SUBMIT**

- ☐ Written statement on agency letterhead advising that the new CEO is authorized to sign Agreements with LA County
- ☐ Board Minutes documenting CEO/COO change

☐ **Add or Delete - Medical/Dental Provider**

**Requirements for Change of Health Professional Profile** - Contractor must notify MHLA Contracts Administration of any changes to the Health Professional Profile.

Adding Provider:

**Complete Form No. 3**

Delete:  
(Provider Name)

Effective  
Date:

Delete:  
(Provider Name)

Effective  
Date:

Delete:  
(Provider Name)

Effective  
Date:

Delete:  
(Provider Name)

Effective  
Date:

**FORMS TO BE COMPLETED**

- ☐ Form No. 3 - Health Professional Profile when adding a provider.

☐ **Change in MHLA Contacts**

Contractor must notify MHLA Contracts Administration of any changes in its Agency.

<b>Adding Contacts:</b>	<b>Complete Form No. 6</b>		
<b>Delete Contact:</b>		<b>Title:</b>	
<b>Delete Contact:</b>		<b>Title:</b>	
<b>Delete Contact:</b>		<b>Title:</b>	

**FORM TO BE COMPLETED**

☐ **Form No. 06 – Agency Profile.**

☐ **Other**

Contractor must notify MHLA Contracts Administration of any changes in its Agency. Please explain:


<b>Signature:</b>	<b>Print Name:</b>
<b>Title:</b>	<b>Date:</b>

**Note:** Must be signed by person who is authorized to bind Contract with the County of Los Angeles.

**SUBMIT ALL REQUESTS, FORMS, AND REQUIRED DOCUMENTS TO:**

Mayra Palacios, Program Manager  
MHLA Contracts Administration  
1100 Corporate Center Drive, Suite 100  
Monterey Park, CA 91754  
Email Address: [mpalacios@dhs.lacounty.gov](mailto:mpalacios@dhs.lacounty.gov)

If you have any questions regarding your request for Contractual Changes, please call 626-299-5789.